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7590

07/01/2005

Paul J. Esatto, Jr.
Scully, Scott, Murphy & Presser
400 Garden City Plaza
Garden City, NY 11530



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Thomas Spinelli

(Depositor's name)

September 7, 2005

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/071,578	02/08/2002	Takechiyo Nakamitsu	15251	2668

TITLE OF INVENTION: MEDICAL SYSTEM CONTROL APPARATUS, AND METHOD FOR DEALING WITH TROUBLE WITH THE MEDICAL SYSTEM CONTROL APPARATUS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	10/03/2005
EXAMINER	ART UNIT	CLASS-SUBCLASS		09/13/2005 CNGUYEN3 00000052 10071578	
TSAI, CAROL S W	2857	702-184000	01 FC:1501 02 FC:1504	1400.00 OP 300.00 OP	
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	03 FC:8001	3.00 OP	1. Scully, Scott 2. Murphy & Presser 3. _____	

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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

OLYMPUS CORPORATION

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

TOKYO, JAPAN

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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- Publication Fee (No small entity discount permitted)
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- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
- b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Typed or printed name

Thomas Spinelli

September 7, 2005

Date

39,533

Registration No.

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